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ABSTRACT

Although college counseling agencies serve many clients, published accounts of counseling outcomes in these agencies are relatively rare. An important aspect of counseling evaluation is the client's resolution of presenting and subsequent problems. This study investigated the impact of counseling on university students using a measure of symptom relief, obtained by comparing the client's own rated severity of presenting problem at intake with a posttreatment rating, and a measure of client satisfaction. The sample consisted of 102 female and 53 male clients and a control group of 47 females and 8 males. Chi-square analysis revealed a higher return for controls (84%) than for clients (54%) ($p<.01$). T-tests performed on the target-complaint data showed that female clients reported more improvement on their presenting problem than did male clients ($p<.01$) and that female clients reported more improvement than did female controls ($p<.05$). Inconsistency of individual client responses on the two outcome measures is interpreted in terms of the support function provided by the counselor. The importance of using both measures in future research is stressed. (Author/NB)

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Counselling evaluation:

The target-complaint technique

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Abstract

The present study investigates the impact of counselling on university students using a measure of symptom relief (obtained by comparing the client's own rated severity of his/her presenting problem at intake with a posttreatment rating) and a measure of client satisfaction. The sample consisted of 102 female and 53 male clients and a control group of 47 females and eight males. Chi-square analysis revealed a higher return for controls (84%) than for clients (54%) ($p<.01$). T-tests performed on the target-complaint data showed: 1) female clients reported more improvement on their presenting problem than male clients ($p<.01$) and 2) female clients reported more improvement than female controls ($p<.05$). Inconsistency of individual client responses on the two outcome measures is interpreted in terms of the support function provided by the counsellor. The importance of using both measures in future research is stressed.

Although college counselling agencies serve huge numbers of clients with seriously debilitating problems, published accounts of counselling outcomes in these agencies are relatively rare (Farnsworth, 1966; Rosen & Zytowski, 1977). The research which does exist has been restricted in nature. Some researchers have developed descriptive blueprints for evaluation (Lewis & Hutson, 1983; Mines, Grissard & Daniels, 1982; Oetting, 1982), while others have focused on the efficiency of the counselling process rather than on the outcome (Troy & Magoon, 1979). Still others have evaluated very specific forms of counselling intervention utilized with a strictly defined clientele (Gulanick, Howard & Moreland, 1979; Nagelberg, Hale & Ware, 1984; Wankowski, 1979).

Research examining the effectiveness of counselling services from the client's perspective have most frequently employed retrospective self-reports of client satisfaction with services. Various facets of this outcome measure have been explored by Greenfield (1983), Miller (1978), and Murillo, Shaffer and Michael (1981). Satisfaction ratings are relatively easy to demonstrate compared to other outcome measures and this has "given rise to professional suspicion about the use of these measures" (Greenfield, 1983, p. 316). It is likely that general client satisfaction measures are affected by factors other than by counselling effectiveness.

An important aspect of counselling evaluation is the client's resolution of her/his presenting and subsequent problems. However, measures of change in terms of symptom relief or goal attainment that could be attributed to the counselling intervention are not common. Weinstein and Ricks (1977) and Paritzky and Magoon (1982) have described applications of the Kiresuk and Sherman (1968) goal attainment scaling approach to counselling. And, the target-complaint technique (Battle, Imber, Hoehn-Saric, Stone, Nash & Frank, 1966) which provides an index of problem relief has been utilized by Rosen and Zytowski (1977) in a university counselling setting.

The current study was initiated by a search for an outcome measure of overall effectiveness of a university counselling agency. The university counselling setting is unique in several respects. First, although full-time counsellors are employed, the majority of counsellors are interns in the clinical psychology program. Therapeutic orientations vary considerably. The interns usually stay with the Center for only one year, and programs are developed in response to student need/demand. This means that change is ongoing. Thus, an evaluative measure is required which can address the effectiveness of the counselling agency as a whole. The measure must be sufficiently general to permit application across various

programmes with different formats and goals, across various counsellors of different therapy orientations and across clients with different presenting issues; yet, sufficiently customized so that the idiosyncratic features of each client's presenting issues are taken into account. Further, it is essential that the measure be relatively unobtrusive in terms of infringement on the client, counsellor and counselling process. Finally, feasibility of implementation in terms of a minimal resource commitment is an important concern.

The target-complaint technique is a customized evaluative instrument which allows for clients' idiosyncratic problem definitions. It appeared to be the measure which best fit with the criteria outlined above. Rosen and Zytowski (1977), using this technique, studied a large group of university counselling services clients. The present study is an attempt to replicate and extend the work of Rosen and Zytowski (1977) with this measure.

The target-complaint technique allows a measure of relief to be obtained by comparing the client's own rated severity of his/her presenting problem at intake with a rating obtained after treatment. Although the primary measure of counselling effectiveness used in this study was the degree of relief rating, the follow-up questionnaire (modelled

closely after that used by Rosen and Zytowski, 1977, (Rosen, 1985)) also included items concerning the emergence of new problems and their resolution, the client's perceived need to resume counselling, whether indeed additional counselling had been obtained, and the professional orientation of the "new" counsellor. Also included were several questions related to the degree of change in specific areas (i.e., relating to others; hopefulness about the future). The present study also extends the preliminary work of Rosen and Zytowski (1977) by analysing the data by client sex and incorporating a non-counselled control group. Further, in an attempt to determine the relationship between degree of relief and client satisfaction, the latter was assessed using a modified form of the most commonly utilized measure, the Counseling Services Assessment Blank (Hurst, Weigel, Thatcher & Nyman, 1969).

Method

Subjects

The original client sample consisted of 155 student clients (102 females and 53 males) who requested counselling at the Counselling and Development Centre of York University during the 1985/86 academic year, and who agreed to participate in this study. Their ages ranged from 17 to 57 years with mean ages of 24.6 years and 25.7 years respectively. Over two-

thirds of the clients were full-time students in the Faculty of Arts. Since it is the policy of the Centre to provide counselling on request, it was not possible to obtain a control group of "wait-listed" clients. Instead, an initial control group of 65 students (56 females and nine males), was recruited from undergraduate psychology classes. Their ages ranged from 20 to 36 years of age, with mean ages of 22.2 years and 23.1 years respectively. The majority of these subjects were full-time students in the Faculty of Arts. These respondents volunteered to take part in the research which was described as an investigation of the problems and stresses of students. Nine control subjects (one male and eight females) were excluded from the analyses due to their participation in therapy at some point during the data collection period. One additional female control subject did not provide useable pretest data.

Procedure

Clients in the sample were given a packet of questionnaires prior to, or if this was not feasible[1], immediately following their first counselling session. Included in this package was a brief demographic background questionnaire and the target-complaint form, which required an identification by the client of the problem he/she wished help with. Clients rated the severity of this problem on a five-point scale. A similar form was included in the materials

administered to respondents in the control condition with minor rewording deleting the specific reference to counselling involvement.

In May[2], all respondents were mailed a posttest packet which included the target-complaint form. The original problem as stated by the subject appeared on the form along with a request to rate the severity of the problem at the present time. Additional items required ratings of feelings about the self and relationships, effectiveness of activities and confidence in the future, as well as an exploration of the emergence of new problems and whether the respondent (if a client) sought further counselling. Also enclosed in the packet to clients was a shortened version of the Counselling Services Assessment Blank. The entire package was sent out again one month later to those participants who failed to return the first set of follow-up questionnaires.

All interested participants were given the opportunity to discuss their questionnaires with a research assistant at the end of the study.

Results and Discussion

Of the 210 questionnaire packets mailed out, 130 were returned -- a return rate of 62%. As in the Rosen and Zytowski study, many of the clients (n=10) did not receive the packets because they had moved and left no forwarding address. The return rate from respondents in the control group (84%) was significantly better than for clients (54%), χ^2 (1, N = 127) = 14.92, $p<.01$. A comparison of the return rates for female clients (57%) versus female controls (85%) similarly revealed a significant difference between these two groups χ^2 (1, N = 95) = 11.44, $p<.01$. Male and female client groups did not differ significantly from the 57% rate obtained by Rosen and Zytowski (1977) especially when the undelivered packets are taken into account in which case the current study's rate of return was 58%. Male and female respondents in the control group had a return rate of 75% and 85% respectively. Since the small sample size for control males (posttest n=6) limits confidence in these results, data from this group are not reported separately.

Two types of data are available from responses to the target complaint form. The first type involves the qualitative data derived from the subject's written description of her/his presenting problem (or target complaint). As might be expected in a sample of university

students, the majority of clients and controls reported some form of academic concern as their target complaint, most typically, problems related to time management. There were no statistically significant differences between male (35%) and female clients (44%) or female clients and female controls (45%) in the frequency of academic target complaints. Also commonly reported by all groups were relationship problems and again, there were no significant differences between male (27%) and female (40%) clients and female clients and controls (25%). However, a closer look at the nature of the relationship difficulties revealed that significantly more female clients than either male clients, (^{2} (1, $\underline{N}$ = 81) = 5.46, $\underline{p}$<.05), or female controls (^{2} (1, $\underline{N}$ = 95) = 6.92, $\underline{p}$<.01), reported concerns regarding relationships with relatives, especially parents. Unpleasant feelings (i.e., feeling stressed or pressured; low self-esteem; low self-confidence) were frequently mentioned as target complaints. There were no differences between male (31%) and female (42%) client frequencies but significantly fewer female controls (22%) mentioned negative affects as compared with female clients, ^{2} (1, $\underline{N}$ = 95) = 3.87, $\underline{p}$<.05. One area reported by significantly more female controls (15%) than female clients (4%) involved career related concerns, ^{2} (1, $\underline{N}$ = 95) = 3.88, $\underline{p}$<.05. Frequencies of other problem types (sexuality concerns;

financial; weight related) were too low to permit statistical comparisons. It should be noted that respondents often mentioned concerns which combined one or more of the above problem areas, hence, the combined percentages exceed 100.

The second type of data derived from the target complaint form is the severity rating of the complaint. For each subject who returned the posttest questionnaire, a pretest and posttest severity rating were analysed. The other datum analysed was the 'degree of relief' score. This was calculated simply by subtracting the posttest severity rating from the pretest severity rating. Positive scores indicate reduction in the perceived severity of the presenting problem; negative scores indicate an increase in the severity of the problem.

To ascertain whether those subjects who returned the posttest questionnaires were significantly different from non-responding subjects in a systematic way, t-tests were performed comparing the pretest severity scores collapsing across sex of subject. Pretest severity scores did not differ within the client group or control group as a function of whether posttest data was obtained (client: no posttest M=3.89, SD=.85, posttest M=3.88, SD=.84 control: no posttest M=3.33, SD=.50, posttest M=3.33, SD=.84).

Table 1 presents the mean initial and subsequent rating of the target complaint for each subject group. Higher scores reflect a greater degree of concern, worry or discomfort vis a vis the problem. Also presented are the means and standard deviations for the degree of relief scores. Although 58 female clients returned the posttest questionnaire package, three failed to complete the target-complaint form on the basis that they had received only one counselling session. Thus, the n for treatment females in Table 1 is 55.

Insert Table 1 about here

T-tests were performed comparing the pretest severity ratings, posttest severity ratings, and degree of relief scores across the control and client groups. As shown in Table 1, these tests revealed that: 1) female clients rated their target complaint as more severe on pretest than did female controls ($t(83.5) = -3.93$, $p<.01$), 2) female clients changed more over the period of time between pre- and posttesting than female controls (as measured by degree of relief) ($t(68.3) = -2.10$, $p<.05$) resulting in posttest severity ratings which did not differ from female controls, 3) female clients rated their target complaints as more severe on pretest than male clients ($t(53) = 2.77$, $p<.01$)

and, 4) female clients experienced more relief with respect to their target complaint than male clients by posttest ($t(48.1) = 2.62$, $p<.01$) resulting in equivalent posttest ratings. Direct comparison of the degree of relief scores with the Rosen and Zytowski (1977) report is not possible since they utilized a 9-point scale, however it appears that the average index of relief for the treatment group in the present study is comparable ($M=1.15$, $SD=1.12$) to the Rosen and Zytowski mean score converted into a five-point rating ($M=1.30$).

Although all groups on average, reflect some improvement or relief with respect to the target complaint at the time of posttesting, not all change was positive. The frequency distribution in Table 2 for each magnitude of relief for each subject group, reveals that five percent of clients reported deterioration while 25% noted no change in their degree of concern for their problem. Thus, although the majority of clients reported some degree of relief vis a vis their target complaint, 30% reported no change or deterioration effects. Rosen and Zytowski (1977) report that 23% of their clients felt no improvement or a worsening of their initial presenting problem. Since Rosen and Zytowski (1977) did not include a control group in their study, they could not compare these rates with the rate of worsening of problems found in the general population of

students. In the present study, this was found to be very revealing as 41% of the control subjects showed no improvement or worsening of their target complaints. This rate is considerably higher than that for the client sample, and clearly shows the importance of control groups in evaluation studies of this type.

Insert Table 2 about here

A chi-square analysis comparing control and client groups in terms of the proportion of subjects reflecting improvement versus no change versus deterioration revealed a significant difference between the two groups, ^{2} (2, $\underline{N}$ = 127) = 6.84, $\underline{p}$<.05. Significantly more clients than controls experienced relief of their target complaint. When female clients and controls were compared, more female clients were shown to have experienced improvement than female controls, ^{2} (2, $\underline{N}$ = 95) = 9.17, $\underline{p}$<.01. Female clients were also compared with male clients in this same manner. Significantly more female clients reported improvement than male clients, ^{2} (2, $\underline{N}$ = 81) = 6.39, $\underline{p}$<.05.

It is tempting to conclude, at least in the case of female clients, that participation in counselling produced beneficial effects in terms of alleviating the degree to which a presenting problem was bothersome. However, the

possible operation of a regression effect must be considered. Since female clients had the highest pretest scores ($\underline{M}$=4.05), and males and females differed significantly on pretest, there is greater opportunity among female clients for a shift in rating on posttest in the direction of relief. A chi-square analysis based on the extremity of pretest scores of male and female clients failed to reach an acceptable significance level. This analysis showed that extreme ratings were equally frequent for males and females, thus supporting an argument that the sex difference in the client group is not solely an artifact of regression to the mean. This finding of the greater efficacy of counselling for female clients is intriguing and may be related to the different sex and gender role orientations of males and females. Prescriptions on males to repress emotionality and "to keep their selves to themselves" (Jourard, 1964, p. 47) may function to limit the effectiveness of at least some forms of counselling interventions.

More than two-thirds of both the clients and non-client respondents reported the appearance of additional problems -- a considerably higher proportion than the 40% found by Rosen and Zytowski (1977) for their client sample. However, the mean reported resolution of this "new" problem for the treatment group (on a scale of -1 to 3) was 1.70 -- slightly

higher than the mean for the Rosen and Zytowski clients (1.53). There was a trend toward female clients having higher resolution scores (1.79) than both male clients (1.43) and female controls (1.55). These differences were not significantly different but the trends are in accord with the greater efficacy of counselling for females. More than three-quarters of the client group reported a felt need for further counselling (50% in the Rosen and Zytowski sample) but only 30% actually did seek additional counselling. This result is comparable to that obtained by Rosen and Zytowski. Of those who did seek further help, relatively few (38%) consulted professionals -- again, a finding similar to that reported in the earlier study. Those clients (n=13) with no felt need to resume counselling had significantly higher relief scores ($t(17.5) = -3.32$, $p<.01$). This finding adds validity to the target-complaint measure as an appropriate technique for assessing the effectiveness of counselling.

Four items on the follow-up questionnaire concerned the extent to which respondents perceived deterioration, no change or improvement (in the interval between the two testings) in four areas: feelings about the self; relationships with others; effective performance of activities; feelings about the future. Chi-square analyses comparing male versus female clients and female clients with

female controls on each of the four items revealed only one significant difference. Significantly more female clients than female controls felt more confident about the future, ^{2} (1, N = 92) = 5.66, p<.02, at the time of posttesting as compared with the time of initial testing.

The analysis of the Counselling Services Assessment Blank was complicated by several factors. The original authors (Hurst, Weigel, Thatcher & Nyman, 1969) analysed each item on the CSAB separately which increases the error rate to an unsatisfactory level. A total CSAB score obtained by summing across all items would be influenced by the large number of missing values (as clients did not answer questions not applicable to them) therefore this would not be appropriate. Thus, it was decided to calculate the mean CSAB score for each client, based on those items to which she/he responded. Further analyses were performed when upon close examination the items in the CSAB did not all appear to be asking about client satisfaction; some asked about the clients' perception of benefit from services (questions 1-6), some asked about issues of the Centre's reputation (questions 7,8 and 14), and some asked strictly about the client's satisfaction (questions 9-12,16). These clusters of questions were analysed separately to establish whether any of the clusters was a more accurate representation of the success of counselling services. Group and individual

counselling clients were collapsed following a nonsignificant comparison on CSAB scores. The only significant difference between these two groups was that the group clients were more positive about the physical environment and reputation of the Centre, $t(11.3)=2.83$, $p<.05$.

All clients generally perceived their counselling involvement positively. Female clients scored significantly higher on the CSAB, indicating greater satisfaction than male clients, $t(48.4) = 2.08$, $p<.05$. When these CSAB scores were broken down into the question clusters, no sex differences were found on the satisfaction questions, or on the reputation of the Centre. Sex differences were evident in terms of the perceived benefits of the counselling however, with female clients perceiving more benefit from the counselling experience, $t(53.2) = 2.14$, $p<.05$. A correlation performed between mean CSAB scores and degree of relief scores suggests that the two measures are related ($r = .32$), however considerable individual variability was evident. Both the satisfaction and benefit clusters were correlated with the degree of relief scores however to a lesser extent. Not surprisingly, the questions pertaining to the reputation of the Centre were unrelated to degree of relief scores. These correlations, while significant, are not indicative of a massive overlap between the two

measures. Twenty-five percent of those who regarded their overall counselling experience very positively reported no change or deterioration on the target complaint while 57% of those who viewed the counselling experience as neutral or negative did in fact report some degree of relief on the target complaint.

Also difficult to explain is the lack of congruence between ratings of the other potential benefits of counselling (in areas of the enhancement of self-knowledge, improvement in feelings about the self, acquisition of needed information, resolution of internal conflict, resolution of interpersonal conflict, improvement of a skill, as measured by individual items on the CSAB) and ratings of the overall counselling experience. Average ratings on such items were typically in the neutral range (i.e., counselling was only of low to moderate benefit) yet the overall counselling experience was quite positively rated by the majority of clients.

For many clients it appears that a positive view of the counselling experience may be relatively independent of resolution of the presenting problem and/or self-growth and development. One possible construction of these findings is that for some clients, although counselling does little to solve their initial problem and does not lead to

improvements in other areas, it may enhance the clients' ability to tolerate the discomfort occasioned by their life stresses and hence is viewed by these consumers as a positive, helpful experience. Indirect support for this speculation derives from the research of Goodman, Sewell and Jampol (1984) and Bosmajian and Mattson (1980). These investigators reported that counselling seekers have less access to (or make less use of) alternate sources of help and support (i.e., family and friends). The data obtained from the target-complaint form suggests that this may be reinforced by the presence of specific problems existing in the family and peer relations, especially for female clients. Thus, perhaps the counselling experience is perceived as beneficial, in the absence of significant problem amelioration or self-growth, because of the support function provided by the counsellor. More detailed exploration of this hypothesis must await further research.

The generalizability of this study is restricted by the small control group, particularly the absence of male controls. However this is mediated by the valuable information gained by the inclusion of a control group. In the future, evaluation studies should consider matching control subjects with clients on demographic characteristics in order to gain the most insight into the benefits of the counselling services. The use of the target-complaint

technique in the assessment of this counselling centre was found to be extremely valuable, giving information not possible through measures of client satisfaction alone. The two types of measures, in combination, provided data with greater richness and complexity than usually gathered in evaluation studies of university counselling services and are recommended for future research.

Footnotes

1. Any client in an obviously severely stressed condition was not asked to participate in the research prior to their intake session.
2. The timing of the posttest mailing was arranged so that no client would receive a follow-up packet less than one month after their first therapy session.

Table 1

Mean Ratings for the Target Complaint

Subject Group	Pretest		Posttest	Degree of Relief	
	n	M	M	M	SD
Treatment females	55	4.05	2.69	1.36	1.06
Treatment males	26	3.54	2.85	0.69	1.09
Control females	40	3.38	2.58	0.80	1.27

Table 2

Frequency Distribution of Relief Scores

Degree of Relief	Treatment Females		Treatment Males		Control Females	
	n	%	n	%	n	%
-3	0	0	0	0	1	1
-1	1	2	3	12	7	18
No change	11	20	9	35	8	20
+1	20	36	9	35	12	30
+2	13	24	3	12	6	15
+3	10	18	2	8	6	15

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